

REQUEST FOR TAX REFUND

Name of taxpayer(s) or business entity Mailing Address:	Williamsburg Community Hospital Inc, The Attn: Andreas Roehrl, Director of Finance 301 Monticello Avenue, Box 8700 Williamsburg, Va. 23185
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Reason for request (attach additional information): Exempt status as of 8/03. Land and improvements prorated from August thru December, 2003 and totally exempt for 2004 tax year. See Code of Virginia, 58.1-3606, in agreement with Ann H. Thomas, Commissioner of the Revenue and Greg Thacker, County Assessor.

Declaration: I declare that the statements and figures hereon are true, full and correct to the best of my knowledge and belief.

Signature of taxpayer or authorized officer		Date	
Type of Tax Tax Year Ticket #	Description of Property	Amount of Tax to be Refunded	
RE 2003-02 Bill #21221	Map #002-34A Plat of SubDiv of Williamsburg Community Hospital, Inc - Parcel A	Tax:	\$ 29,465.40
GL# 3-010-30311-1010-203-125		Penalty:	\$
GL#		Interest	\$
GL#		TOTAL	\$ 29,465.40
RE 2003-02 Bill #22617, Supp #3	Map #002-34A Plat of SubDiv of Williamsburg Community Hospital, Inc. Parcel A	Tax:	\$ 55,130.30
GL# 3-010-30311-1010-203-125		Penalty:	\$
GL#		Interest:	\$
GL#		TOTAL	\$55,130.30
		Tax:	\$
GL#		Penalty:	\$
GL#		Interest	\$
GL#		TOTAL	\$
Amount of Refund for Taxes Paid			\$ 84,595.70
GL# 3-010-30311-6020	Interest Paid by the County		\$ 3,772.20
TOTAL REFUND DUE			\$ 84,595.70 - 88,367.90

REFUND AUTHORIZATION Commissioner of the Revenue

I have reviewed the above request for a tax refund, and concur that the taxpayer is entitled to the refund indicated for the following reason(s):

Ann H. Thomas Commissioner of the Revenue 5/27/04 Date

Treasurer

I hereby verify that the aforementioned taxpayer(s) have made payment of tax for which a refund has been requested. Such payment; and any amount owed the County by the taxpayer(s) which should be deducted from any refund made to the taxpayer, are in the following amounts:

Deborah B. Robinson Treasurer 6-2-04 Date

County Attorney

Pursuant to the provisions of Section 21-7.3, York County Code, I hereby consent to a tax refund to the taxpayer in the amount authorized by the Commissioner of the Revenue, less any amount owed the County by the taxpayer(s).

[Signature] County Attorney 6-2-04 Date

Financial and Management Service

In accordance with the above authorizations, the refund above has been issued accordingly.

Financial and Management Service Date